

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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ACLU

STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Temple	Laurie	Ann	808-382-1107
MAILING ADDRESS (Street)			FAX
1040 Kainu	ii Drive		
(City)	(State)	(Zip	Code)
Kailua	HI	96	734
EMPLOYING ORGANIZATION (F	ill in only if you are employed by a business e	ntity which has been retained to lobby)	TELEPHONE
ACLU of 1	lawaii		808-533-5900
MAILING ADDRESS (Street)		- 00 000	FAX
H88 Bishop	St. Suite 3501	3410	808-532-5909
(City)	(State)	(Zip	Code)
Honolulu	HI	<u> </u>	<del>0813</del> 96801

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR			TELEPHONE
American Civil Lib	erties Union of	Hawaii	808-532-5900
MAILING ADDRESS (Street)	. 2555 0	P.O. 80x	FAX
1188 Bishop ST. Su	HE 300-6	3410	808-522-5909
(City)	(State)	(Zip	Code)
Honolulu	HI	90	813 96801
NAME OF PERSON RESPONSIBLE FOR PREPARI	NG ORGANIZATION'S EXPENDITU	JRES STATEMENT	TELEPHONE
Vanessa Onong			008-533-5900
MAILING ADDRESS (Street)	0000		FAX
1188 Bishop St. Suite	3500-8		808-533-5909
(City)	(State)	(Zip	Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
Agriculture		Education		man Services		Science, Technology & Economic Development	
Communications Public Utilities	. &	Government Operations & Finance		ergovernmental Relations ernational Affairs	s, 🗀	Tourism & Recreation	
Consumer Prote	ction &	Hawailan Affairs	Lab	oor & Employment		Transportation	
Culture, Arts, His Preservation	storic	Health		nning, Land & Water e Management	$\propto$	Other: (Indicate below)	
Ecology, Energy Environmental P		Housing	Put	blic Safety & Corrections	i	Civil Richots	
PARTIV CERTIF	ICATION OF L	OBBYIST					
I hereby certify	that the informa	ation furnished above is	s, to the be	est of my knowledg	e, correct	and complete.	
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	(Signat	ture of Lobbyist)		(Date)			
(Signature Officophylist) (Date)							
	RIZATION TO L	OBBY					
PART V AUTHO	RIZATION TO L	ОВВУ	TITLE OF	AUTHORIZING OFFIC	ER OR PE	RSON REPRESENTED	
			_	AUTHORIZING OFFICE			
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NAME VON CSS  NAME OF ORGANIZAT  AMENICON	O Chor (if applicable) Civil Lib	erties Union	Exe of Ha	ecutive?	Direct TELEPHON 308-S	NE NE	
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